FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

|              | _         |                      |              |
|--------------|-----------|----------------------|--------------|
| 4 30 20 20   | THE VALUE | SECTION AND ADDRESS. | SHOW SHIP OF |
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|              |           |                      |              |

FORM

|  | AOL   | -               | DR-2                           | DISCLOSUR    | ŧΕ       |
|--|---|-----------------|--------------------------------|--------------|----------|
| COMMITTEE NAME (Must be same as on Statement of Or   | ganization)   | 7               | (Rev. 12/2005)                 | REPORT       |          |
| Lyness for County Attorney   |   |                 | For Office Use Or              | nly          |          |
|  |   |                 | Comm. #                        |              |          |
| IMPORTANT: Indicate by # type of committee you are reporting for   | or: P   |                 | Logged In                      |              |          |
| (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Can | (2)State PAC (3)State Party   |                 | Scanned                        |              |          |
| The second of the second of the second   | ndidate ( / )School Board or Other Political  |                 | Computer                       |              |          |
| (  | ——————————————————————————————————————  |                 | Audited                        |              |          |
| CANDIDATE COMMITTEES ONLY:   |   | ╡               | Addited                        |              |          |
| Candidate Name<br>Janet Lyness   | Political Party (if applicable)<br>Democrat   |                 |                                |              |          |
|  |   |                 |                                |              |          |
| Office Sought County Attorney  | District (if Senate or House)   |                 |                                |              |          |
| Late reports are subject to possible civil and criminal penalties. If and the chairperson, for any other type of committee, is the individual to the chairperson of the chairperson of the chair person of the | Pursuant to Iowa Code section 68B.32A(7) ridual responsible for filing timely and accur | the carate re   | andidate, for a can<br>ports.  | PAÍG<br>PAÍG | >        |
| SIGNATURE OF PERSON FILING REPORT  | TELEPHONE   | —— <sub>C</sub> | ATE SIGNED                     | SIC 19       |          |
|  |   |                 |                                | 200 0000     | <u> </u> |
| I AM FILING A October 19, 2010   | REPORT FOR (1) ELECTION /(2   | )NON            | -ELECTION YEA                  | AM IO: O     | >        |
| (report date)  | Indicate by # 1   |                 |                                |              | 3        |
|  |   |                 |                                | € B          |          |
| CHECK IF AMENDMENT TO REPORT DATED   | Loc   | al Co           | nmittees, enter Da             |              |          |
|  |   |                 |                                |              |          |
| Check if this is final (termination) report and attach Notice<br>(You must continue to file reports until a DR-3 is file   | ed.)   whi  | ch Ele<br>hnsoi | Local Committees ction is held |              |          |
| CASH ON HAND at the beginning of the reporting period. (To   | ENT OF CASH ON HAND otal of all funds held by the                                       |                 |                                |              |          |
| committee. This amount <b>MUST</b> be the same as the of the last reporting period or must be zero if this is  | cash on hand at the end first report filed.)  | \$              | 1,426.86                       |              |          |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD   |   |                 | 0.10                           |              |          |
| Schedule A: Cash Contributions total (Attach Sched   | dule A) (*also see in-kind below)   |                 | 0.18                           |              |          |
| Schedule F: Loans Received total (Attach Schedule  |   |                 |                                |              |          |
| Schedule H: Total Sales of Campaign Property (Att  | ach Schedule H)   |                 |                                |              |          |
| (Schedule H applies to Candidates' Com   | <u>ımittees Only)</u>   |                 |                                |              |          |
|  | SUB-TOTAL   | \$              | 1,427.04                       |              |          |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOR   | )   |                 |                                |              |          |
| Schedule B: Expenditures total (Attach Schedule B  | (**also see debts and loans below)  |                 | 28.00                          |              |          |
| Schedule F: Loan Repayments total (Attach Schedule   | •   |                 |                                |              |          |
| CASH ON HAND at the end of this reporting period (if final re  |   |                 |                                |              |          |
| be zero) (Attach DR-3)   | •   | \$              | 1,399.04                       |              |          |
| **UNPAID BILLS (From Schedule D - Attach Schedule D)   |   | •               | 4.183.00                       |              |          |
| *IN KIND CONTRIBUTIONS (From Schedule E - Attach Sche  |   |                 | 10,60                          |              |          |
| **OUTSTANDING LOANS (From Schedule F - Attach Schedu   |   |                 |                                |              |          |
|  | ле г <sub>)</sub>   | \$              |                                |              |          |
| CONSULTANT BREAKDOWN (Schedule G Attached?)  |   |                 | YES                            | NO           |          |
| CANDIDATE COMMITTEES ONLY:   |   |                 | 0.00                           |              |          |
| VALUE OF CAMPAIGN PROPERTY (From Schedule H - Atta   | •   | \$              |                                |              |          |
| STATE COMMITTEES: Submit a reconciled campaign accou   | ınt bank statement in January of each ye  | ar.             |                                |              |          |

### For Instructions, See Back of Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

MONETARY (Including candidate's personal funds) (Rev. 07/03) **RECEIPTS** COMMITTEE NAME (Must be same as on Statement of Organization) CHECK THIS BOX IF AMENDING FORM Lyness for County Attorney

SCHEDULE

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE<br>RECEIVED<br>(MM/DD/YR) | PAC ID NUMBER<br>(if applicable)<br>AND PAC CHECK<br>NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP<br>TO CANDIDATE*<br>(if applicable) | AMOUNT<br>RECEIVED | √ IF FOR<br>FUND-<br>RAISER |
|--------------------------------|---|---------------------------------|--|--------------------|-----------------------------|
| 08/05/2010                     | ID#<br>CK#  | Interest from Bank              |  | \$00.06            | INCOME                      |
| 09/09/2010                     | ID#<br>CK#  | Interest from Bank              |  | 00.06              |                             |
| 10/14/2010                     | ID#<br>CK#  | Interest from Bank              |  | 00.06              |                             |
|                                | ID#<br>CK#  |                                 |  |                    |                             |
|                                | ID#   |                                 |  |                    |                             |
|                                | CK#   |                                 |  |                    |                             |
|                                | CK#   |                                 |  |                    |                             |
|                                | CK#   |                                 | SUB-TOTAL  |                    |                             |
|                                |   | TOTAL (if last nam              |  | \$ 00.18           |                             |

TOTAL (if last page of this schedule)

(for Schedule A)

00.18

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) . If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

|  | _                                       | _       |                     |
|--|---|---------|---------------------|
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|  |   | 27.3    | 200                 |
| H OCC  | 3 283                                   | Program |                     |
|  | 140.52                                  | 884 E.S | <b>∞ 8 6 0000</b> : |
| ALL DESCRIPTION OF THE PARTY OF | 10000                                   | 200     | 100                 |

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| SCHEDULE                                |                              |
|---|------------------------------|
| В                                       | MONETARY                     |
| (D = ================================== | MONETARY                     |
| (Rev. 07/03)                            | EXPENDITURES                 |
| CHEC<br>AME                             | CK THIS BOX IF<br>NDING FORM |

| COMMITTEE NAME (March to                                      |
|---|
| COMMITTEE NAME (Must be same as on Statement of Organization) |
| Lyness for County Attorney                                    |

| EXPENDED (if applicable) (Disbursement) WAS MADE (DESCRIBE TRANSACTION)  AND PAC CHECK NUMBER  ID#  United States Post Office 400 South Clinton   | MOUNT<br>PENDED                        |
|---|--|
| ID#   |  |
| 10#   10# |  |
| CK#  ID# CK#  ID# CK#  ID# CK#  ID# CK#  ID# CK#  ID# CK#   | 00                                     |
| ID# CK#  ID# CK#  ID# CK#  ID# CK#  ID# CK#  ID# ID# ID# ID# ID# ID#  |  |
| CK#  ID#  CK#  ID#  CK#  ID#  CK#  ID#  CK#  ID#  ID#  ID#  ID#   |  |
| CK#  ID#  CK#  ID#  CK#  ID#  CK#  ID#  CK#  ID#  ID#   |  |
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|   |  |
| CK#   |  |
|   |  |
| ID#   |  |
| CK#   |  |
| SUB-TOTAL \$ 28.0   | )                                      |
| TOTAL (if last page of this schedule) \$ 28.0   |  |

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

| Page _ | of |  |
|--------|----|--|
|--------|----|--|

| COMMITTEE NAME (Must be same as on Statement of Organization) | i |
|---|---|
| Lyness for County Attorney                                    |   |
|   | ĺ |

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

|         | No. of the second |
|---------|-------------------|
| Decet   | E                 |
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| -       |                   |

| SCHEDULE     |                             |
|--------------|-----------------------------|
| D            | INCURRED                    |
| (Rev. 08/98) | INDEBTEDNESS                |
|              | CK THIS BOX<br>MENDING<br>M |

# DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

| DATE                   |  | has be   | lless of whether an invoice<br>een received.        |
|------------------------|--|--|---|
| INCURRED<br>(MM/DD/YR) | NAME AND ADDRESS OF PERSON<br>TO WHOM DEBT OR OBLIGATION IS OWED | DESCRIPTION OF GOODS OR<br>SERVICES PROVIDED OR<br>PURCHASED | BALANCE OWED AT<br>CLOSE OF<br>REPORTING<br>PERIOD* |
| 04/04/06               | Janet Lyness<br>P.O. Box 267<br>Iowa City, IA 52244              | postage on business reply<br>envelopes                       | 100.00  |
| 05/10/06               | Janet Lyness P.O. Box 267 Iowa City, IA 52244                    | OnMedia TV ads   | 4,083.00  |
|                        |  |  |   |
|                        |  |  |   |
|                        |  |  |   |
|                        |  |  |   |
|                        |  |  |   |
|                        |  | SUB-TOTAL  | \$  |
|                        |  |  | 4,183.00  |
|                        | TOTAL DEBTS OWED BY COMMITTEE AT                                 | THE END OF THIS REPORTING PERIOD                             | \$<br>4,183.00                                      |

\*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1 (for Schedule D)

#### CANDIDATE COMMITTEES NOTE:

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

| FOR INSTRUCTIONS, | SEE | BACK | OF FORM |
|-------------------|-----|------|---------|
|-------------------|-----|------|---------|

| COMMITTEE NAME (Must be same as on Statement of Organization)  Lyness for County Attorney | SCHEDUL<br>E<br>(Rev. 06/9 | IN-KIND                      |
|---|----------------------------|------------------------------|
| Reset   | Form AME                   | CK THIS BOX IF<br>NDING FORM |

| DATE<br>RECEIVED | NAME AND ADDRESS  | RELATIONSHIP                    | DESCRIPTION                                 | ESTIMATED            | √ IF FOR                    |
|------------------|---|---------------------------------|---|----------------------|-----------------------------|
| (MM/DD/YR)       | OF CONTRIBUTOR  | TO CANDIDATE  * (if applicable) | OF IN KIND<br>CONTRIBUTION                  | FAIR MARKET<br>VALUE | FUND-RAISER<br>CONTRIBUTION |
| 07/16/2010       | Rebecca Reiter<br>265 Highland Drive<br>Iowa City, IA 52246 |                                 | Fax DR-2                                    | \$ 2.12              |                             |
| 07/17/2010       | Rebecca Reiter<br>265 Highland Drive<br>Iowa City, IA 52246 |                                 | Fax filing schedules                        | 8.48                 |                             |
|                  |   |                                 |   |                      |                             |
|                  |   |                                 |   |                      |                             |
|                  |   |                                 |   |                      |                             |
|                  |   |                                 |   |                      |                             |
|                  |   |                                 |   |                      |                             |
|                  |   |                                 |   |                      |                             |
|                  |   |                                 |   |                      |                             |
|                  |   |                                 |   |                      |                             |
| SUB-TOTAL        |   |                                 |   | \$<br>10.60          |                             |
|                  |   |                                 | TOTAL (if last<br>page of this<br>schedule) | 10.60                |                             |

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)